

STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B
PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

DIRECTIONS FOR NURSE LICENSURE BY EXAMINATION COMPARABLE EDUCATION

New Hampshire has a mandatory licensing law. To practice nursing in New Hampshire a nurse must have a current New Hampshire nurse license.

If you have a disability and may require accommodations when taking this examination, obtain the "Request for Accommodation" form and submit that completed form with the examination application. If accommodation is not requested at the time of application, on-site accommodations will not be available.

Registration to test with the NCS Pearson (Pearson) is a separate process. An application and fee must be submitted to Pearson in addition to your examination application to the Board of Nursing. A *Candidate Bulletin* that will be sent to you contains all the information and a form for registering with Pearson, the testing company. Your eligibility to test will be transmitted electronically to Pearson.

Complete the New Hampshire application for License by Examination as instructed and mail to the New Hampshire Board of Nursing, PO Box 3898, Concord, NH 03302 - 3898

Submit:

- * Check or money order made payable to "Treasurer, State of New Hampshire" in the amount of \$80.00.
FEES ARE NOT REFUNDABLE.
- * A **transcript** from the nursing educational program registrar and the completed verification form "**NURSING COURSES SUCCESSFULLY COMPLETED**" signed by the director of the nursing program directly to the Board attesting to the successful completion of :

NCLEX-PN - 600 hours of appropriate concurrent nursing theory and clinical practice accrued through nursing courses (FUNDAMENTALS OF NURSING, MEDICAL/SURGICAL NURSING, PARENTAL CHILD HEALTH); or

NCLEX-RN - 1080 hours of appropriate concurrent nursing theory and clinical practice accrued through nursing courses.

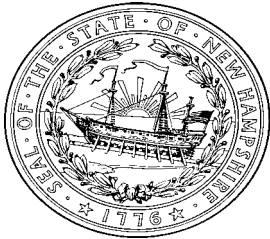
- * In place of transcripts, graduates of foreign registered nurse programs must submit official evidence of successful completion of the **Commission on Graduates of Foreign Nursing Schools (CGFNS)** examination. For this application, Canadian educated nurses are not considered foreign nurses.

Applicants must notify the New Hampshire Board of Nursing in writing of name and address change.

ATTENTION: You are reminded that some states or jurisdictions will not endorse licenses achieved through comparable education.

If you are requesting a temporary license, contact the Board of Nursing for a Temporary License Application.

APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE



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For Office Use Only:			Date	Initials
FEE: \$			1. _____	_____
REC'D:			2. _____	_____
CK/MO:			3. _____	_____
TL.#.	Issued	Expire	X. _____	_____
Reg.#			C. _____	_____
Issue Date:				

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**APPLICATION: N.H. NURSE LICENSE BY EXAMINATION:
 COMPARABLE EDUCATION**

R.N. () L.P.N. ()
 (Select One)

1. Name: _____
 (Last) (First) (Middle) (Maiden) (Other Names Used)

2. Mailing Address: _____
 (Street Number) (City) (County) (State) (Zip)

3. Telephone: () _____ Social Security # : _____ / _____ / _____
 (Optional) (Month) (Day) (Year)

4. Nursing School: _____

Location: _____
 (Street Number) (City) (County) (State) (Zip)

Anticipated Date: _____ / _____ / _____ (OR) Withdrawal Date: _____ / _____ / _____
 (Month) (Day) (Year) (Month) (Day) (Year)

Type of Program: Diploma () Associate Degree () Baccalaureate () Master's () Doctor of Nursing ()

5. Have you ever failed an examination for nursing or nursing assistant license? Yes () No ()

If "Yes", indicate: _____
 (Type of Examination) (State) (Date)

6. Anticipated employer:
 Name: _____

Address: _____
 (Street Number) (City) (County) (State) (Zip)

7. Have you:
 a. ever had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? *Yes () No ()
 b. previously or currently been impaired by or diverted any chemical substance? *Yes () No ()
 c. ever been convicted of a felony or any criminal act, not including traffic offenses? *Yes () No ()

8. Are you mentally and physically competent to practice nursing? Yes () *No ()
 *If "yes" to 7 a, b, c or "no" to 8, please attach a letter of explanation.

RELEASE OF INFORMATION

I grant permission to the New Hampshire Board of Nursing to:

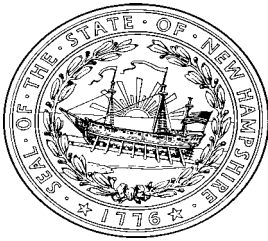
- a. release my licensure examination score to the school from which I graduated Yes () No ()
- b. release my licensure examination score to the National Council of State Boards of Nursing for cumulative statistical purposes Yes () No ()
- c. include my name and address on a New Hampshire computerized list of nurses that may be made available for purchase Yes () No ()

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature _____

Date _____

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LICENSING BY EXAMINATION COMPARABLE EDUCATION

Requested by: _____
Student name

Directions: Please clearly identify the course content areas of Fundamentals of Nursing, Medical/Surgical Nursing and Parental Child Health. Indicate the specific course information requested.

Do not attach additional materials unless requested by the Board.

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS:					

Name of Nursing Program

Director of Nursing Program

Date

**WANT MORE
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at www.state.nh.us/nhsp/
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at www.state.nh.us/nursing/



IMPORTANT!

**Don't risk a delay in getting
your license issued or
renewed!**

Start the process early!

**Your license will not be
issued or renewed until your
current Criminal
Convictions Record has been
received and reviewed by the
Board of Nursing!**

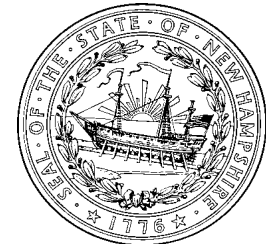
**You may not work without
an active license!**

***THERE ARE NO
EXCEPTIONS!***

IT'S THE LAW!

**Mandatory Criminal
Background Checks for
Nurses and Nursing
Assistants**

An Informational Brochure



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New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Nursing

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records



CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

REMEMBER!

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

QUESTIONS?

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

How many weeks before I renew my license can I start this process?

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

How long will this process take?

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

CRIMINAL BACKGROUND

CHECKS

IT'S THE LAW!

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, www.state.nh.us/nursing. The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

YOU MUST

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

REMEMBER!

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